

Taking Action

Selected Action Steps For Implementing The Wisconsin Plan to Prevent Adolescent Pregnancy

To see The Wisconsin Plan to Prevent Adolescent Pregnancy or its implementation plan on the web, go to
www.dhfs.state.wi.us/children/index.htm

A Brief History of The Wisconsin Plan to Prevent Adolescent Pregnancy

In April of 1997 an Executive Committee and Subcommittee were established to develop a plan to reduce adolescent pregnancy in Wisconsin, according to federal requirements under Temporary Assistance to Needy Families (TANF). The executive committee was co-chaired by Department of Health and Family Services Secretary Joe Leean and Department of Workforce Development Secretary Linda Stewart. The subcommittee was co-chaired by Susan Dreyfus of DHFS, and Jay Hein of DWD, who was later succeeded by Donna Cochems. The current DWD co-chair is Jennifer Noyes. The subcommittee was made up of statewide representatives who work in the areas of teen pregnancy, teen health and/or youth development and represented a wide variety of perspectives.

The Wisconsin Plan to Prevent Adolescent Pregnancy was published in January of 1998. The plan identifies key stakeholders in the lives of youth and makes recommendations for each of these in working toward a reduction in teen pregnancy. These stakeholders include parents & families, youth, schools and education, business and employers, government, community organizations and health care.

After Secretary Leean reviewed the plan, he requested that subcommittee members give additional time in drafting an implementation plan to assure that the recommendations were pursued to the fullest extent possible. Subcommittee members rolled up their sleeves and got to work. They formed work groups to focus on each of the identified stakeholders (see next two pages) and wrote action steps that would be necessary to implement the recommendations. And for each action step, they brainstormed resources needed, current status, timelines, and outcome measure indicators. The work groups also identified those people or agencies that they considered to have a vested interest in each particular action step.

The implementation plan was published in May of 2000 and includes so many ideas that it would be difficult to disseminate the full document. The subcommittee, now known as the Adolescent Pregnancy Prevention Committee (APPC), decided to release a publication that would highlight selected action steps to share with stakeholders around the state. This brochure serves to highlight these action steps.

Additionally, APPC recognizes that people of various ethnic backgrounds have unique values that may impact adolescent pregnancy. In the spring of 2000, volunteers served on task forces to consider the needs of specific ethnic populations and to write additional recommendations for the Wisconsin Plan to Prevent Adolescent Pregnancy. This brochure highlights some of their work and identifies selected action steps for reaching youth among the specific ethnic populations of African Americans, American Indians, Hispanics, and Hmong.

The Adolescent Pregnancy Prevention Committee encourages you to use this document as a resource for ideas as we work together to prevent adolescent pregnancy in Wisconsin.

The Adolescent Pregnancy Prevention Committee

Members of APPC (marked with asteriks below) and work group members are listed here by work group. Phone numbers of work group chairs are listed for your convenience. Please contact APPC or any work group chair for more information.

Adolescent Pregnancy Prevention Committee
C/O Department of Health & Family Services
One West Wilson, Room 531
P.O. Box 8916
Madison WI 53708-8916
608-261-7654

APPC Co-Chairs

- * Susan Dreyfus, Administrator
DHFS, Division of Children and Family Services
Contact Susan's secretary Brenda at 608-264-7729
- * Jennifer L. Noyes, Administrator
DWD, Division of Economic Support
Contact Jennifer's secretary Rosemary at 608-266-2330

Child Abuse & Neglect

- * **CHAIR: Scott Horne, District Attorney**
LaCrosse County Courthouse & Law Enforcement Ctr.
608-785-9613
Diana Ditsch, Bureau of EMS & Injury Prevention
DHFS, Division of Public Health
- * Rosemarie Fisher, Executive Director
Rosalie Manor
Mark Mitchell, Acting Director, Bur of Policy & Programs
DHFS, Division of Children and Family Services
Nadine Schwab, Executive Director
Children's Trust Fund
- * Amy Smith, Child Protective Services Specialist
DHFS/DCFS, Bureau of Policy and Programs
Aaron Tarnutzer, Prevention Specialist
Rock County Human Services
Kathy Thomas, Family Preservation and Support Coordinator
DHFS/DCFS, Bureau of Community and Family Devel.
Erin Thornley, Executive Director
Wisconsin Coalition Against Sexual Assault
Ann Stueck, Systems Nurse Consultant
DHFS/DPH, Bureau of Family and Community Health

Community

- * **CO-CHAIR: Karen Barnes, PATHS Coordinator**
New Concept Self Development Center
414-344-5788
- * **CO-CHAIR: Kathy Wolf, Deputy Dir., WI Clearinghouse**
for Prevention, University Health Services
608-263-6886

- Linda Conlon, RN, Public Health Nurse
Oneida County Health Department
- * Lisa Davidson, Interim Policy Analyst
Wisconsin Tobacco Control Board
Sheila DeForest-Davis, Director of HUB Center
Community Action Agency of Rock & Walworth Counties
Latoria Douglas, Student, Beloit HS
HUB, Sheila Deforest-Davis Director
Ethel Dunn, Executive Director
National Grandparents United
Claude Gilmore, Dir., Bur. of Community & Family Dev.
DHFS, Division of Children and Family Services
Michael Hall, Student, Beloit HS
HUB Center, Sheila Deforest-Davis Director
Lisa Hardt, Assistant Polich Advisor
Governor's Office
- * Raejean Kanter, Executive Director
Community Health Charities of Wisconsin
Jill Krajnik, Prenatal Care Coordinator
St. Vincent Hospital
- * Carol Lobes, Dir., Wisconsin Clearinghouse for Prevention
University Health Services
John Metcalf, Director of Human Resources Policy
Wisconsin Manufacturers & Commerce
- * David Smith, Pastor
Faith Community Baptist Church
Jill Sommers, Program Director
WISC-TV
- * Mary Soper, Vice President of Public Affairs
Planned Parenthood of Wisconsin
Holly Telfer, Choices Coordinator
DHFS, DCFS, Brighter Futures Initiative
- * Wilfredo Vigil
16th Street Community Health Center
- * Carla Washington, Associate Program Director
YWCA of Greater Milwaukee
Cora White, President
Partners in Foster Care

Government

CHAIR: Lou Oppor, Team Leader
DHFS, DCFS, Brighter Futures Initiative
608-266-9485

This work group is ad hoc as many government representatives serve on various other work groups

Health Care Community & Subsequent Pregnancy Prevention

CO-CHAIR: Sharon L. Lidberg, School Age/Adolescent
DHFS, Division of Public Health
608-267-2204

* **CO-CHAIR: Marsha Lukasek, Program Director**
Gundersen Luth. Medical Center, Teen Health Service
608-269-2199

* **CO-CHAIR: Paula Van Straten, Prenatal Care Coord.**
St. Vincent Hospital - Perinatal Services
920-431-312

Cathy Abbott, Administrative Coordinator
Monroe County Department of Human Services

Peg Algar, Medicaid Policy Analyst
DHFS, Division of Health Care Financing

* Kenneth Baldwin, Deputy Administrator
DHFS, Division of Public Health

JoAnn Bauer, Director
Family Resource Center

Denise Carty, Minority Health Officer
DHFS, Division of Public Health

Ann E. Conway, Program Director
Wisconsin Association for Perinatal Care

Jessica Davis, Youth Development Specialist
DHFS/DCFS, Brighter Futures Initiative

Cheri Dubiel, Policy Specialist
Wisconsin Coalition Against Sexual Assault

Kerstin Emerson, Child Protective Services
Rock County Human Services

Randy Glysch, Maternal & Infant Research Analyst
DHFS/DHCF, Bureau of Health Information

Heidi Hammes, Program & Planning Analyst
Department of Workforce Development

Maureen Kartheiser
Strategic Planning Consultant

Pat Mapp, Senior Outreach Specialist
University of Wisconsin-Milwaukee

* Pat McManus, Executive Director
Black Health Coalition of Wisconsin

Eileen McRae, Medicaid Policy Analyst
DHFS, Division of Health Care Financing

Vicki Mulvey, Birth to Three
Brown County Human Services

Jeff Muse, Deputy Director, Health and Human Services
Great Lakes Inter-Tribal Council

* Lon Newman, Executive Director
Family Planning Health Services

* Diane Poole, Administrator
Adolescent Pregnancy Prevention & Pregnancy Serv. Board
Becky Redmond, Community Relations Manager
MAXIMUS

Barbara Schjoneman, Director
Parent Resource Center

* Shirley Senaya, Director
Milwaukee Health Department, MAPPC

Bettie Spears, Resource Room Coordinator
MAXIMUS

Maureen VanDinter, Clinical Nurse Practitioner
Dept of Family Medicine / WI Assoc. of Ped. Nurse Pract.

Michael Vaughn, Family Planning Program Consultant
DHFS, Division of Public Health

Schools & Education

* **CHAIR: Nic Dibble, Consultant, Social Work Serv.**
Department of Public Instruction
608-266-0963

* Irma Daniels, Educator
Lady Pitts School Age Parent Program
Kit Engbring, Teacher
Thoreau Elementary

* Sheryl Gotts, Curriculum Specialist
Milwaukee Public Schools

Jon Hisgen, Consultant, Comprehensive School Health Ed.
Department of Public Instruction

Annie Miller, Dir., WI Abstinence Education Project
DHFS, Division of Children and Family Services

* Cleo Phippen, Director
Wisconsin Abstinence Coalition

* Barbara Wehman, Headstart Director
CESA 11

Schools and Education

Overview

Schools have a unique and critical role in developing productive, responsible, caring and contributing citizens because of the years of instruction and related programs provided to students. Schools can help young people develop the assets necessary to avoid unhealthy risk behaviors by employing multiple effective strategies, activities and programs designed to reach all students, regardless of their circumstances. The *Wisconsin Plan to Prevent Teen Pregnancy* recommendations for Schools and Education address a variety of areas including:

- human growth and development instruction
- access to pupil services support professionals
- specialized instruction and services for teen parents
- enhanced working relationships with the greater community
- promotion of schools as family-friendly centers

Efforts were made to design the action steps to build on and expand existing, successful activities and state-level partnerships.

Selected Action Steps

- The Student Services, Prevention and Wellness Team at the Department of Public Instruction developed *Human Growth and Development: A Resource Packet* to help local school-communities design and update their human growth and development curriculum and instruction. To request a copy, contact the Student Services/Prevention and Wellness Team at (608) 266-8960.
- The Departments of Public Instruction and Health and Family Services collaborated to develop a paper outlining the mandatory reporting requirements under WI Chapter 48 regarding sexually active adolescents. The paper can be downloaded at <http://www.dpi.state.wi.us/dpi/dlsea/sspw/rfssaa.html>. A presentation on this topic is available to be integrated into existing conferences as a workshop or for inservices for regional groups. Contact Nic Dibble, Consultant, School Social Work Services, Department of Public Instruction, at (608) 266-0963 or nic.dibble@dpi.state.wi.us for more information.
- The Wisconsin Abstinence Initiative Team (WAIT), a cross-agency group from DHFS, DPI and the Adolescent Pregnancy Prevention and Pregnancy Services (APPPS) Board, has developed a packet to help local school-communities sponsor an Abstinence Poster Scavenger Hunt. WAIT provides all posters and entry forms at no cost; the information packet includes one set of posters for review. For more information contact Annie Miller, Wisconsin Abstinence Education Project Director, at (608) 261-7654 or millea1@dhfs.state.wi.us.
- The Student Services/Prevention and Wellness Team at DPI has issued an information bulletin entitled *Instruction and Services for School Age Parents*, Bulletin 99.08, October 1999. A copy can be obtained at <http://www.dpi.state.wi.us/dpi/dlsea/een/bulindex.html> or by contacting the Student Services/Prevention and Wellness Team at (608) 266-8960.
- The Department of Public Instruction is promoting an initiative called *Standards of the Heart*. This initiative focuses on the characteristics of schools that are effective in helping students become caring, contributing, productive citizens. For more information, contact the Student Services/Prevention and Wellness Team at (608) 266-8960 or visit the Team's home page at <http://www.dpi.state.wi.us/dpi/dlsea/sspw/index.html>.

Community

Overview

The work group on Community focused on the need for strong, healthy, interconnected, grassroots resources as developed through local coalitions and organizations. (Key stakeholders are identified below.) It was clear that strategies such as mentoring in all its many forms, parents and caregiver support and volunteer community service all help to create an environment in which children, youth and families can flourish and reach their highest potential. A healthy, vibrant, inclusive community is the most potent source of prevention for teen pregnancy.

Selected Action Steps

Community Organizations and Funders

- Develop/strengthen inclusive coalitions through the involvement of youth, people of color, and other underrepresented groups through recruitment and retention methods such as: personal face to face invitations, matching recruits with a coalition member, providing transportation, volunteer community service opportunities, child care, translation services, and food.

Parents, Caregivers, and Families

- Create and communicate high expectations for children through a firm commitment to positive personal values, including sexuality.
- Be actively involved in your child's development by providing structure and guidance, by limiting the amount of television viewing, and by having quality family times.

Youth

- Talk to parents, parent figures or other trusted individuals about concerns, issues, and questions. If you are uncomfortable discussing an issue, don't avoid it, but find a way to EXPRESS uncomfortable feelings, such as by writing a letter.

Faith Based Communities

- Provide activities for youth and families to reinforce healthy behaviors and attitudes. Include after school homework clubs, family centers and multi-generational social activities.

Business and Employers

- Partner with local school districts to provide school-to-work transition slots, internships, career development opportunities and mentoring programs for the community's youth.

Media and Public Information

- Work with the youth and other community members to develop and host town meetings throughout the state focusing on teen pregnancy awareness and prevention and the role citizens can play in this effort. Disseminate ideas and information from the town meetings through live broadcasts of the town meetings; excerpts and information in public service announcements; internet video streaming on websites; brochures for employers, schools, libraries, and churches; and promotions for community service efforts.

Government

Leadership, Evaluation, Research, and Development

Overview

Government needs to foster greater flexibility in coordinating funds for collaborative projects. Citizens and government agencies must all recognize that we have limited resources. The money and time needed to accomplish our work can only happen if we collaborate, use our current resources in smarter ways, and document results in order to continue or increase funding. For that reason, while these recommendations specifically focus on state government actions, they should be viewed in the context of supporting, local efforts through leadership, evaluation, research, and development.

Selected Action Steps

- Full implementation of the *Wisconsin Plan to Prevent Adolescent Pregnancy*.
- Assure that every child has the opportunity to grow into a healthy, resilient and self-supporting adult.
- Provide leadership that supports and enhances statewide efforts aimed at promoting the healthy development of children, youth, and families and striving to prevent the hardships and risks often placed on adolescent parents and their children as a result of teen pregnancy.
- Collect, analyze, and publish statewide data relevant to identifying needs, defining target outcomes, and evaluating the degree of success towards reaching our goals.
- Research and evaluate best practice information and strategies as well as communicate and educate those promising practices statewide.

Health Care

Overview

Adequate health care and healthy behaviors are basic to every child and adolescent's development and well-being. Health promotion is a cornerstone of public health and prevention. Ongoing cooperation between teens, their families, the health care community and other organizations is necessary to achieve adolescent wellness.

Health care is a comprehensive array of services that attends to all three levels of prevention:

- 1) Primary prevention – health education, health promotion and disease prevention.
- 2) Secondary prevention – risk identification, screening and assessment and prompt treatment.
- 3) Tertiary prevention – crisis intervention, rehabilitation, restoration of health and enhancement of physical, mental, emotional, social and spiritual well being.

Selected Action Steps

- Promote abstinence and, for those adolescents who are sexually active, promote consistent and correct use of contraception.
- Assure confidential access to comprehensive programs for adolescents and their families, which will meet their unique health care needs.
- Improve communication and cooperation between teen pregnancy prevention and intervention health care providers throughout the state.
- Assure health care providers and county child protection agencies work together around issues of identification and reporting of child abuse.
- Assure communities work together to provide early identification of adolescent pregnancy and immediate initiation of prenatal care.
- Improve professional education opportunities on teen pregnancy prevention and intervention for health care providers.

Special Concerns: Subsequent Pregnancy Prevention

Overview

Research indicates teen mothers who have a rapid second birth have substantially poorer familial and socioeconomic outcomes than those who delay an additional pregnancy. While Wisconsin has a low teen birth rate, when compared to other states, our subsequent teen birth rate is at or above the national average.

A teen's experiences after a first birth are critical to whether or not she will have a closely spaced second birth. The negative consequences to adolescent mothers and their children increase with each subsequent birth during their teen years. We need to ensure that adolescent parents receive comprehensive services to allow for their success as well as the healthy development of their children.

Selected Action Steps

- Ensure access to and utilization of prenatal care coordination (PNCC) and case management services.
- Increase access to confidential medical and family planning services.
- Increase number of pregnant and parenting teens living in safe, supportive, and stable adult-supervised settings.
- Improve high school completion rates for teen parents.
- Ensure access to and use of early childhood support and quality child care services to optimize the development of children of teen parents.

Special Concerns: Child Abuse and Neglect

Overview

Beyond sexual abuse, other forms of child abuse and neglect are a significant risk factor for female adolescent pregnancy. The risk of becoming pregnant is approximately 50 percent higher among high school girls who experienced abuse and neglect in their childhood. The Rochester Youth Development Study found that children who had suffered child abuse or neglect were significantly more likely to display a variety of problem behaviors during adolescence, including serious and violent delinquency, teen pregnancy, drug use, low academic achievement and mental health problems. Approximately 1 million children were found to be victims of child abuse or neglect each year from 1991 through 1995.

The connection between child abuse and neglect, especially sexual abuse and early sexual activity, frequently leading to pregnancy is clear. Three major studies, involving over 1,000 teenage mothers, found an alarming pattern of adult men abusing young girls:

- From one-half to two-thirds of the young mothers had been sexually molested prior to their first pregnancy.
- The average age of the girls at the time of their first unwanted sexual experience ranged from 9.7 years to 12 years.
- In over half the cases in the Washington study, the perpetrators were family members. Most often they were stepfathers followed by cousins, uncles, fathers, mother's boyfriends, grandfathers, brothers and other relatives.

In Wisconsin, reported sexual assaults highlighted the power and developmental imbalance: the average age of a sexual assault offender in Wisconsin was 25; the average age of a sexual assault victim was 15.14 years of age.

Improvements must be made in the identification of abuse and neglect victims; reporting of suspected abuse to proper authorities; prosecution of perpetrators of abuse and neglect; training of professionals in abuse and neglect issues; and in providing prevention services to families at high risk for abuse and neglect.

Selected Action Steps

- The Wisconsin Coalition Against Sexual Assault should continue and enhance its training and education of youth and professionals.
- The Wisconsin District Attorneys Association will develop a model prosecution protocol addressing intra-family sexual assault with the goal of promoting vigorous prosecution.
- Communities should be encouraged to develop standards and training procedures for providing comprehensive home-based services to high risk families and hospitals and child care providers should be trained to identify at-risk families and refer for services.
- The health care and education communities should receive enhanced training in the identification of abused and neglected children and in the reporting of abuse and neglect to proper authorities. A protocol for training of professionals should be developed to ensure consistency in training.
- Counties should be encouraged to develop Community Based Response Teams consisting of all agencies with an interest in community intervention and prevention of abuse and neglect.

Special Concerns: Specific Populations

Overview

Better understanding of the cultural values, characteristics, traditions and customs among specific ethnic populations of Wisconsin is needed in order for stakeholders to successfully address adolescent pregnancy issues. The larger society's lack of understanding of a particular culture or language, coupled with the impact of discrimination have often denied people of various cultures equal access to education, employment, and health care or have limited the life options of adolescents.

It should also be noted that culture acts as an *influence* on behavior, not a *determinant* of behavior. Each person interacts with his or her culture in a unique way and is a complex blend of individual and cultural characteristics.

The pages that follow present a short synopsis of factors that influence adolescent development and pregnancy rates for the cultures of African Americans, American Indians, Hispanics and Hmong and identify action steps that might be used in addressing the youth of these cultures. More detailed information will be available in the second edition of the *Wisconsin Plan to Prevent Adolescent Pregnancy*. The Adolescent Pregnancy Prevention Committee gratefully thanks the following for serving on the task forces that drafted these specific recommendations.

African American

The action steps for African American youth were written by many adults and youth who attended a special meeting in Milwaukee, co-hosted by the Black Health Coalition of Wisconsin and the Division of Children and Family Services.

American Indian

This task force is seeking additional input; please call any of the members listed below.

CHAIR: Eileen Briggs Houle, Wisconsin Clearinghouse for Prevention Resources, 608-262-9158

Barbara Hill-Hawkins, Southeastern Oneida Tribal Services
414-384-7740

Ardys Noreen, Brenda Moose, Linda Miller, Laurel Stusek, RN
St. Croix Tribal Health Department, 715-349-2195

Gail Nahwahquaw, Department of Health and Family Services
608-266-1122

Nina White, Menominee Health Center, 715-799-3361

Hispanic and Latino

CHAIR: Alison Sergio, La Causa, Inc., 414-647-5971

David Duran, DHFS, Migrant/Hispanic Liaison

Wilfredo Vigil, 16th Street Community Health Center

Juan Jose Lopez, Briarpatch

Mary Anna Borman, United Migrant Opportunity Services, Inc.

Grace Romo, Family Health Medical and Dental Center

Martha Villegas, DHFS, Student Intern

Hmong

**CHAIR: Pam Vang, Appleton Police Department
920-832-5500**

Denise Carty, DHFS, Division of Public Health

Sea Lee Boon, Diocese of Green Bay Catholic Social Services

Sue Kettner, Family Planning Health Services

Chua Vue, Wausau Area Hmong Mutual Association

Ge Vue, Oshkosh North High School

Lynn Santangenelo, Wausau School District

African American

Overview

“The African American family is neither dead nor dying, nor vanishing. Instead, the family remains a resilient and adaptive institution reflecting the most basic values, hopes and aspirations of the descendants of African people in America...It would be naïve in the extreme to ignore the many pressures bearing down and compromising the ability of many to meet the basic needs of their members. But there is another side. In this new work we argue that African American families are both weak and strong, but their strengths are by far more powerful and contain the seeds of their survival and rejuvenation.” (Billingsley, 1992)

Cultural Strengths of African Americans:

- Strong kinship bonds and sense of family and community
- Present time focus
- Action is valued over words
- Strong desire to achieve and history of self-help
- Willingness to adapt to family roles that fit family functions
- Being strongly influenced by religion
- Have a strong work orientation
- Children are seen as resources

Teen pregnancy has a dual impact on the African American family that has been rarely understood by the dominant culture that controls institutions. African American families do not want their teens to have children too soon, but also see birth as a “gift from God” and therefore something to be celebrated. Pregnancy prevention activities must recognize this dual existence and not see it as condoning early childbearing.

When working with pre-teens and teenagers, it is important to talk about the type of situation that could lead to sexual activity, which leads to pregnancy, and the correlation between pregnancy and poverty. It is also important to provide activities which build self esteem in both young men and women.

Selected Action Steps

- Develop programs that promote abstinence, but understand the need for family planning in certain cases. These programs should be offered on the weekends and after school.
- Provide prevention activities that promote the strengths of African American families.
- Increase the capacity of African American agencies to meet the needs of teens and their families.
- Educational programs should address a variety of subjects such as abstinence, growth and development, job training, and goal setting. Programs should target teens, but should also be family centered and have a faith-based component.
- Encourage teens who are already parents to provide stable environments for their children and to delay having more children.

American Indian

Overview

In addressing adolescent pregnancy prevention with American Indian youth it is important to acknowledge and increase ones awareness of the diversity of American Indians throughout Wisconsin. There are approximately 40,000 American Indians in Wisconsin¹ and nearly 15,000 American Indian students in grades K-12 this includes public, private and tribal schools.² Eleven federally recognized tribes and bands are located in the state. The six bands of the Lake Superior Chippewa/Ojibwe include, Bad River, Lac Courte Oreilles, Lac du Flambeau, Red Cliff, St. Croix, and Sakogan/Mole Lake. The other tribes include the Ho-Chunk Nation, the Menomonee Nation, the Oneida Nation of Wisconsin, the Potawatomi Nation and the Stockbridge Munsee Band of the Mohican Nation.

Each of these tribes and nations has unique languages, cultural traditions, customs, and social and governmental structures. With respect to these differences, the members of the task force are working toward consensus on recommendations to be included as strategies for the *Wisconsin Plan to Prevent Adolescent Pregnancy*. The task force acknowledges that it cannot speak for all the tribes and nations in Wisconsin but has come together to share their insights on the issue of adolescent pregnancy prevention in American Indian communities. In addition to providing ongoing review of the current plan, the task force will provide a more detailed report and suggested strategies in the update of *the Wisconsin Plan to Prevent Adolescent Pregnancy*. We also welcome your input and suggestions. Please see the committee list included within this publication.

At a primary level, it is important for human service providers to begin to understand the historic and cultural issues of American Indians. Human service providers must become culturally competent. Three principals to competence are 1) the ability to be knowledgeable about American Indians; 2) to be self-reflective, recognizing their own biases, those of the society and the provider system; and 3) to practice reflection, integrating this knowledge with practice skills. For more information about the many larger contextual issues that are necessary for better understanding of American Indian people, see: Weaver, Hilary N. "Indigenous people in a multicultural society: Unique issues for human services." Social Work. May 1998. Vol. 43, Issue 3. (303).

Selected Action Steps

- Build on the strength and high value of the extended family within the American Indian community. There is also a need for consistency in program implementation, especially in staffing, program design and the flexibility to create tribally specific programming based on the needs of each community.
- American Indian youth struggle with being bicultural. Programs that are able to build on the young people's sense of identity and that are culturally specific have been mentioned as having the most benefit.
- Additionally, approaches that take into account the unique cultural differences including an urban-based culture versus reservation based culture will prove to be more effective.

¹ U.S. Census (1990)

² Wisconsin Department of Public Instruction (2000)

Hispanic and Latino

Overview

During the past seven years the rate of adolescent pregnancy fell by 14 percent in Wisconsin. However, in spite of the decreases in the adolescent childbearing rates among white and African Americans, adolescent childbearing rates are still extremely high among Latinos; adolescent pregnancy and childbearing rates among Hispanics and Latinos have increased twenty-two (22%) in Wisconsin since 1991.

Early childbearing among Hispanics and Latinos appears to be strongly related to limited life options. Young women with below average basic academic skills, who come from families with incomes below the poverty level are about five times more likely to be teenage mothers than those with solid skills and above average family incomes. Hispanic and Latina adolescents are twice as likely than whites to give birth and are less likely to be informed about human sexuality and birth control and to have used contraceptives during intercourse.

Latinos include people of Mexican, Puerto Rican, Central and South American, and Cuban descent. The Hispanic and Latino culture is rich and distinct with many differences among these subgroups. At the same time, there appear to be several overarching cultural attitudes and beliefs that influence the Hispanics' and Latinos' experience in the U.S. One major cultural value is *familismo*, placing strong emphasis on family and children and valuing the traditional role of women as caretakers and mothers. This value has been shown to be a protective factor against early initiation of sexual intercourse. Another is the emphasis on *respeto* (respect), revering the traditional gender roles, deferring to elders (parents and community members), and behaving in a manner that will not bring shame to the family. Latino males are also influenced by the cultural value of *machismo*, emphasizing the traditional male role of being the family breadwinner and the traditional female role of being submissive to men. Other factors that contribute to Hispanic and Latino adolescent pregnancies include levels and process of acculturation, socioeconomic status, education, religion, and the lack of health care coverage.

Selected Action Steps

- Promote and facilitate services to Hispanic and Latino adolescents in a culturally competent and appropriate manner in their own language.
- Promote and facilitate educational services for parents on appropriate child and human development and on how to speak to adolescents about appropriate sexuality issues, given the intergenerational differences and the acculturation process which impact Hispanic and Latino culture.
- Promote and encourage the development of programs for adolescent Hispanics and Latinos that focus on strengthening cultural assets to enable them to make good sound choices and to help improve their educational, social, and economic conditions for themselves and their parents.
- Recommend that adolescent pregnancy prevention services address accessibility to Latino youth such as scheduling times, location, and need for transportation.
- Foster and facilitate cross-cultural training to ensure that existing providers have an sound understandings of the various cultures, values and traditions of Hispanic and Latino adolescents and the barriers that prevent them from seeking help.

¹Wisconsin Policy Research Institute Report December 1999 "Teen Pregnancy in Wisconsin: Can Prevention Work?"

² Family 2. First Talk, "A Teen Pregnancy Prevention Dialogue Among Latinos", Bronwyn Mayden, Wendy Castro, Megan Anitto © 1999 by the Child Welfare League of America, Inc.

³ T. Cross. (Fall/Winter 1995-96). Developing a knowledge base to support cultural competence *Resource Coalition Report 14*.

Hmong

Overview

Hmong communities in Wisconsin recognize adolescent pregnancy as an important issue. Pregnancy statistics show a high birth rate among Hmong teens. This is due to a complex interplay of factors related to traditional history, family values, socioeconomic and educational status, and social conventions. The Hmong people have a rich and proud history of resistance and cultural preservation which maintains their ethnic distinctiveness. As a result, the ability to integrate traditional values with western values is key to recommending effective strategies for adolescent pregnancy prevention.

Hmong persons value the extended family, and a high expectation of married couples is to have children—especially male children. In general, the man is the head of the household in the Hmong family and is responsible for key decisions. As in many societies, women are the primary caretakers and are responsible for most of the childrearing. There is great variability in contraceptive practices, but in general, married persons do not practice consistent contraception.

With respect to human sexuality, Hmong persons are generally modest and conservative. Open discussion of sexuality is taboo, and therefore, parents do not explicitly discuss sexual and reproductive matters with their children. Abstinence is a highly valued expectation for unmarried Hmong individuals. If young men and women are discovered to have engaged in sexual activities, then they are deemed married by the family and community. Marriage becomes an absolute cultural expectation if a girl becomes pregnant. It is a common practice for cultural marriages to be recognized as socially binding without procuring a legal marriage certificate.

Effective pregnancy prevention strategies need to extend beyond the household and include the entire community, including clan leaders, faith-based organizations, Hmong mentors, community based mutual aid associations, and schools. Greater educational mentorship and economic support for children and families may promote the establishment of goals and aspirations, thereby decreasing early pregnancy rates.

Selected Action Steps

- Foster and facilitate cross-cultural and intergenerational communication within Hmong families and communities.
- Nurture and support the development of a positive bicultural identity in Hmong youth.
- Establish educational, social, and economic support to help youth develop interests, goals and aspirations.
- Provide culturally sensitive and relevant education about marriage relationships and family life in Hmong communities.
- Form state and community-wide Hmong youth coalitions to assist in the promotion and reinforcement of responsible behaviors.